\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost	•			Cov	erage		Convenience
			М		Type of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	BlueCross BlueShield of South						 					(4-55)					
ABBEVILLE	Carolina	Medicare Blue Private				•	1 1	\$0.00	-								'
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008			1	•		\$13.21	\$13.21	•	1		•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	BlueCross BlueShield of South																
AIKEN	Carolina	Medicare Blue		•			1 1	\$19.00	\$19.00			•				90	•
		Medicare Blue Private				•		\$30.00	-								
		Medicare Blue Plus		•			1 1	\$43.00	\$39.48			•	•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•		\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-		1						
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-		1						
		InStil InCare			1	•		\$30.00	-		1						
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								,
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
ALLENDALE	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•		\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
	-	HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
<u> </u>		SecureHorizons Direct Premier Plan 200	1	1		•	1 7	\$85.00	-					1		1	1

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						•	, ,	Cost					erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ANDERSON	BlueChoice HealthPlan	Platinum Advantage - Plan C		•			 	\$51.00	\$36.19	•		(4200)	•	,		95	•
		Platinum Advantage - Plan B		•				\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•				\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private				•		\$0.00	-								
		Medicare Blue						\$0.00	\$0.00							90	•
		Medicare Blue Plus		•				\$21.00	\$21.00			•				95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008		<u> </u>		•		\$13.21	\$13.21	•			•			97	•
<u> </u>		HumanaChoicePPO PPO R5826-017 HumanaChoicePPO PPO R5826-031	-	1	•			\$50.00 \$86.00	- 004.00	<b> </b>	H .		1	-		97	
<u> </u>		HumanaChoicePPO PPO R5826-031	-	1	•			\$86.00	\$21.32 \$32.47	•	•					97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	φ32.41 -	•			•			91	•
	Insui Health insurance Company	InStil InCroice Option 1 - Regional			•	•		\$30.00	-								
		InStil InChoice Option I - Regional	-		•			\$47.00	\$35.28	•	1		•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	φ00.20 -	1						30	
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
BAMBERG	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InCare				•		\$65.00	-								
DADNIMELI		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
BARNWELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 HumanaChoicePPO PPO R5826-017	-	1		•		\$13.21 \$50.00	\$13.21	•	<b> </b>		•			97	•
-		HumanaChoicePPO PPO R5826-031	-	1	•			\$86.00	\$21.32	1	•	<del> </del>	1	-		97	•
		HumanaChoicePPO PPO R5826-004		1	•			\$97.00	\$32.47	•	l -					97	·
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	φυΣ		1					Ŭ.	
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
BEAUFORT	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004		ļ	•			\$97.00	\$32.47	•	ļ		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		ļ	•			\$12.00	-	ļ	ļ						
		InStil InChoice Option I - Regional		<u> </u>	•			\$47.00	\$35.28	•	<u> </u>		•			96	•
-	_	InStil InChoice Option II - Regional		1	•			\$60.00	-	1	1		1			-	
1	1	InStil InCare			1	•		\$65.00 \$102.00	- \$41.87	<b>!</b>	l			•		<u> </u>	•
		InStil InChoice Option II - Regional			•					•						96	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
				Local				Demo		Beneficiary Drug			Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
BERKELEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	<b>_</b>		•				\$50.00	-							.=	
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•				ļ	97 97	•
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004	1		•				\$97.00 \$12.00	\$32.47	•			•			97	•
	insui nealth insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional							\$47.00	\$35.28		<u> </u>				ļ	96	•
		InStil InChoice Option II - Regional	<del>                                     </del>		•				\$60.00	_	<u> </u>			•			90	•
		InStil InCare	<del>                                     </del>		•				\$65.00	-								
		InStil InChoice Option II - Regional	<del>                                     </del>		•			-	\$102.00	\$41.87	•	1			•		96	•
	Sterling Option I	Sterling Option I	<del>                                     </del>	1	⊢ •	•		-	\$9.00	- 941.07	<del>L -</del>	<b> </b>		<u> </u>	<u> </u>		30	
	BlueCross BlueShield of South	Claiming Option 1	<del>                                     </del>	1	<b>+</b>	<u> </u>		-	ψυ.υυ	1	<del>                                     </del>	<b> </b>		1				
CALHOUN	Carolina	Medicare Blue Private							\$30.00									1
O/ ILL TO OTT	Humana Insurance Company	Humana Gold Choice PFFS H1804-008			1	•			\$13.21	\$13.21	•			•			97	•
	Tramana modraneo company	HumanaChoicePPO PPO R5826-017	1						\$50.00	-		1					Ü.	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
	1	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$30.95	-								
		Today's Options Premier				•			\$42.95	-								
CHARLESTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00									,
	Otaniia a Ontina I	InStil InChoice Option II - Regional	<b>_</b>		•				\$102.00	\$41.87	•			•	•		96	•
OUEDOVEE	Sterling Option I	Sterling Option I				•			\$9.00	-							05	
CHEROKEE	BlueChoice HealthPlan	Platinum Advantage - Plan C		•					\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B Platinum Advantage - Plan A		•	<u> </u>				\$66.00 \$86.00	\$36.19 \$36.19	•	ļ		•		ļ	95 95	•
	BlueCross BlueShield of South	Platinum Advantage - Plan A	<del>                                     </del>	•	<u> </u>				\$00.00	<b>Ф30.19</b>	<u> </u>			•			95	•
	Carolina	Medicare Blue Private							\$0.00	_								ı
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	1	1	1			-	\$13.21	\$13.21		1	<del> </del>		<b> </b>	-	97	•
	Transana mourance Company	HumanaChoicePPO PPO R5826-017	<del>                                     </del>	1	•	<u> </u>		-	\$50.00		<del>L -</del>	<b> </b>		<u> </u>			31	
	1	HumanaChoicePPO PPO R5826-031	<del>                                     </del>	<del>                                     </del>	- <del>:</del>			1	\$86.00	\$21.32	1			1	<del>                                     </del>	<b>-</b>	97	•
	1	HumanaChoicePPO PPO R5826-004	1	1	•				\$97.00	\$32.47	•	l -					97	•
	InStil Health Insurance Company	InStil InCare	1	1	l -	•			\$10.00	ψ32.47	1	1					51	
		InStil InChoice Option I - Regional	1	1	•				\$12.00	-	1	1						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	1					96	•
		InStil InChoice Option II - Regional			•				\$60.00	-		1						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•				•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3		1		•			\$0.00	-	1							
		SecureHorizons Direct Premier Plan 200		1		•			\$85.00	-	1							
	Sterling Option I	Sterling Option I			1	•			\$9.00	-		1				i		

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							,		Cost		<u>′</u>			erage		Convenience
																Additional		
					Гуре of						D	rug Deduct	tible		Coverage	Offered in verage Gap		
			Me	edicare T	Advantage	Plan						1	1		Drug Co	Terage Gap		
									Beneficiary									
									Total					Includes			Number of	
				Local	Regional	Private Fee-for-	Coct	Demo	Premium* (Including Drug	Beneficiary			Standard	Tiered Copay- ments for	Generics	Generics and	Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	нмо	PPO	PPO	Service	Plan		Premium)	Drug Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
CHESTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-			(, ,		,			
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	٠
		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004			•				\$86.00 \$97.00	\$21.32 \$32.47	•	•					97 97	•
	InStil Health Insurance Company	InStil InCare			•				\$10.00	\$32.41 -	•			•			97	•
	mean rican meanance company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
CHESTERFIELD	Humana Insurance Company	InStil InChoice Option II - Regional HumanaChoicePPO PPO R5826-017	1		•				\$102.00 \$50.00	\$41.87	•			•	•		96	•
CHESTERNICED	Trumana msurance Company	Humana Gold Choice PFFS H1804-018			i i	•			\$84.00	\$26.38	•						97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional	1		•				\$47.00 \$60.00	\$35.28 -	•			•			96	•
		InStil InCroice Option II - Regional			•	•			\$65.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	BlueCross BlueShield of South																	
CLARENDON	Carolina	Medicare Blue Private				•			\$30.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 HumanaChoicePPO PPO R5826-017	1			•			\$13.21 \$50.00	\$13.21 -	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32							97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional InStil InCare	1		•	•			\$60.00 \$65.00	-								
		InStil InChoice Option II - Regional	1		•				\$102.00	\$41.87	•			•	•		96	•
COLLETON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004			•				\$86.00 \$97.00	\$21.32 \$32.47		•					97 97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	\$32.47	•			•			97	•
	incui ricaiai insurance company	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00	-								
	Sterling Option I	InStil InChoice Option II - Regional Sterling Option I			•	•			\$102.00 \$9.00	\$41.87	•			•	•		96	•
DARLINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017				·			\$50.00	-								
		Humana Gold Choice PFFS H1804-018	<b>†</b>	i –		•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
<u> </u>	In Ord I I and the Income of Ord	HumanaChoicePPO PPO R5826-004	<u> </u>		•				\$97.00	\$32.47	•			•			97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional	<del>                                     </del>	<b> </b>	•	-			\$12.00 \$47.00	- \$35.28	•					-	96	•
<del>                                     </del>	1	InStil InChoice Option II - Regional	<del>                                     </del>	<del>                                     </del>	•				\$60.00	-	•	1		<del>                                     </del>			30	•
		InStil InCare		L		•			\$65.00	-								_
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
DILLON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	ļ	ļ	•				\$50.00	-							07	
-	<del>-</del>	Humana Gold Choice PFFS H1804-018 HumanaChoicePPO PPO R5826-031	l	l		•			\$84.00 \$86.00	\$26.38 \$21.32	•			•			97 97	•
	1	HumanaChoicePPO PPO R5826-004	1	1	•				\$97.00	\$32.47	•	<u> </u>					97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional	ļ	1	•				\$60.00	-				-				
1	1	InStil InCare InStil InChoice Option II - Regional	1	1	1	•			\$65.00 \$102.00	- \$41.87		<u> </u>					96	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduc	tible	-	Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DORCHESTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•		$\Box$	\$50.00	-			,		,		•	
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InCare				•		\$65.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	BlueCross BlueShield of South						1										
EDGEFIELD	Carolina	Medicare Blue Private				•		\$0.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•		\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•		ш	\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Today's Option	Today's Options Basic				•		\$30.95	-								
		Today's Options Premier				•		\$42.95	-								
FAIRFIELD	BlueChoice HealthPlan	Platinum Advantage - Plan C		•			ш	\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•			ш	\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•			╙	\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private				•		\$0.00	-								
		Medicare Blue		•				\$0.00	\$0.00			•				90	•
		Medicare Blue Plus						\$21.00	\$21.00			•	•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•	لـــــا	\$13.21	\$13.21	•	ļ		•			97	•
		HumanaChoicePPO PPO R5826-017			•		ldot	\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•		ldot	\$86.00	\$21.32		•					97	•
	1	HumanaChoicePPO PPO R5826-004			•		لـــــا	\$97.00	\$32.47	•	ļ		•			97	•
	InStil Health Insurance Company	InStil InCare				•	╙	\$10.00	-								
		InStil InChoice Option I - Regional			•		لـــــا	\$12.00	-		ļ						
		InStil InChoice Option I - Regional			•		╙	\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•		╙	\$60.00	-		<u> </u>					L	
	lo 11 : B: :	InStil InChoice Option II - Regional			•		igspace	\$102.00	\$41.87	•	ļ		•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•	╙	\$0.00	-		<u> </u>						
		SecureHorizons Direct Premier Plan 200				•	ш	\$85.00	-		1					1	

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	· · · · · · · · · · · · · · · · · · ·	Description									Cost	'				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Type of Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FLORENCE	BlueCross BlueShield of South Carolina	Medicare Blue							\$102.00	\$35.40							90	•
		Medicare Blue Plus		•					\$130.00	\$39.74			•	•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00	-	ļ							
		InStil InChoice Option II - Regional			•		<u> </u>		\$102.00	\$41.87	•			•	•		96	•
	Sterling Option I	Sterling Option I				•			\$9.00	-	ļ							
GEORGETOWN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	<u> </u>			\$50.00	-	ļ							
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•	<u> </u>			\$86.00	\$21.32	ļ	•					97	•
		HumanaChoicePPO PPO R5826-004			•	<u> </u>			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	<u> </u>			\$12.00	-	ļ							
		InStil InChoice Option I - Regional			•	<u> </u>			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional		<u> </u>	•	ļ			\$60.00	-	<u> </u>	ļ						
		InStil InCare				•			\$65.00	-	ļ							
		InStil InChoice Option II - Regional			•	ļ	<b> </b>		\$102.00	\$41.87	•	ļ		•	•	1	96	•
0055111/1115	Sterling Option I	Sterling Option I				•	<b> </b>		\$9.00	-	ļ	ļ			1	1	0.5	
GREENVILLE	BlueChoice HealthPlan	Platinum Advantage - Plan C		•		<u> </u>			\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•		ļ			\$66.00	\$36.19	•	ļ		•			95	•
		Platinum Advantage - Plan A		•		ļ			\$86.00	\$36.19	•	ļ		•			95	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private				•			\$0.00	-								
		Medicare Blue							\$0.00	\$0.00			•				90	•
		Medicare Blue Plus							\$21.00	\$21.00			•				95	•
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	•						\$29.00	\$28.92			•	•			79	•
		Carolina Medicare Prime 10	•						\$88.00	\$28.92			•	•			79	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•	<u> </u>		•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
	· •	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional	1		•	1			\$60.00	-						1		
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-						t e		
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-						t e		
	Sterling Option I	Sterling Option I		1	1	•	t	1	\$9.00	-	1	1			1	1		

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	···· acto, piane approved o	Description									Cost	<u> </u>				erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduci	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ODEENIMOOD	BlueCross BlueShield of South	Madiana Disa Disata																
GREENWOOD	Carolina	Medicare Blue Private				•			\$0.00 \$13.21	- #12.24							97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 HumanaChoicePPO PPO R5826-017			•	•			\$50.00	\$13.21 -	•			•			97	•
		HumanaChoicePPO PPO R5826-031			-				\$86.00	\$21.32		•		-			97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•						97	•
	InStil Health Insurance Company	InStil InCare			<u> </u>				\$10.00	φοΣ.+1							- 01	,
	meta ricular modraneo company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28							96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			1	•			\$85.00	-								
HAMPTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00	-								
	ļ.,	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
HORRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018 HumanaChoicePPO PPO R5826-031				•			\$84.00 \$86.00	\$26.38 \$21.32	•			•			97 97	•
		HumanaChoicePPO PPO R5826-004	-		•				\$97.00	\$32.47		•					97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			<b>-</b> :-				\$12.00	\$32.47	•			•			97	•
	mount reality insurance company	InStil InChoice Option I - Regional	-	-	•				\$47.00	\$35.28	•						96	•
		InStil InChoice Option II - Regional			•				\$60.00	-	•			·			- 50	
		InStil InCare							\$65.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
JASPER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•	<u></u>		•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	ļ		•			96	•
<u> </u>	1	InStil InChoice Option II - Regional			•				\$60.00	-		<u> </u>						
	1	InStil InCare			ļ	•			\$65.00	-		<u> </u>					00	
	Starling Option I	InStil InChoice Option II - Regional	-	-	•	-			\$102.00	\$41.87	•	<b> </b>		•	•	<b> </b>	96	•
KERSHAW	Sterling Option I Humana Insurance Company	Sterling Option I HumanaChoicePPO PPO R5826-017		-	•	•			\$9.00 \$50.00	-		<del>                                     </del>		-				<b> </b>
KLKSHAW	Figure 11 Surance Company	Humana Gold Choice PFFS H1804-018		-	•				\$84.00	\$26.38	· .	<del>                                     </del>		<del></del>	-	<b> </b>	97	
	<u> </u>	HumanaChoicePPO PPO R5826-031				<u> </u>			\$86.00	\$20.30	<u> </u>			<del></del>		l	97	•
-	+	HumanaChoicePPO PPO R5826-004	-	-	•				\$97.00	\$32.47	•	<del>                                     </del>					97	•
-	InStil Health Insurance Company	InStil InCare			<u> </u>	•			\$10.00	φ32.47	<u> </u>	<b>†</b>				l		
		InStil InChoice Option I - Regional			•				\$12.00	-				1				
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	1		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-		<u></u>						
		SecureHorizons Direct Premier Plan 100			1	•			\$95.00	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LANCASTER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-018				•		\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InCare				•		\$65.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
LAURENS	BlueChoice HealthPlan	Platinum Advantage - Plan C		•				\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•				\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•				\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South																
	Carolina	Medicare Blue Private				•		\$0.00	-								
		Medicare Blue						\$0.00	\$0.00			•				90	•
		Madiana Blue Blue						604.00	CO4 00							05	
	11	Medicare Blue Plus Humana Gold Choice PFFS H1804-008	1	· •				\$21.00 \$13.21	\$21.00 \$13.21		-	•	•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	1		•		\$50.00	\$13.21	•	-		•			97	•
		HumanaChoicePPO PPO R5826-017						\$86.00	\$21.32							97	_
	_	HumanaChoicePPO PPO R5826-031	1	1	•			\$97.00	\$32.47		•					97	•
	InStil Health Insurance Company	InStil InCare			•			\$97.00	\$32.47	•			•			97	•
	Instit Health Insurance Company		<del>                                     </del>	<del>                                     </del>		•		\$10.00			-				-		
		InStil InChoice Option I - Regional InStil InChoice Option I - Regional			•			\$12.00 \$47.00	- \$35.28							96	•
		InStil InChoice Option II - Regional						\$60.00	<b>\$35.26</b>	•			•			96	•
		InStil InChoice Option II - Regional	<del>                                     </del>	<del>                                     </del>	•			\$102.00	\$41.87	•	-			•	-	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	<del>                                     </del>	<del>                                     </del>	<u> </u>			\$0.00	\$41.07 -	<u> </u>	-		•	•	-	96	•
	Secure nonzons Direct	SecureHorizons Direct Premier Plan 200			-			\$85.00	-	-					-		
	Sterling Option I	Sterling Option I	-	-	-	•		\$85.00	-	-	<del>                                     </del>		1		-	-	
	Today's Option	Today's Options Basic	-	-	-	· :		\$30.95	-	-	<del>                                     </del>		1		-	-	
	τουαγ δ Οριίοπ	Today's Options Premier	1	1	1	•		\$30.95 \$42.95	-	1	1	l	1		1	-	
LEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	1		<u> </u>		\$50.00	-	1	1	l	1		1	-	
LLL	numana insurance company	Humana Gold Choice PFFS H1804-018	1	1	<u> </u>	•		\$84.00	\$26.38	•	1	l	<del> </del>		1	97	•
	+	HumanaChoicePPO PPO R5826-031	1	1		<u> </u>		\$86.00	\$20.30	•		l	•		1	97	•
	+	HumanaChoicePPO PPO R5826-004	1	1	<del>- : -</del>			\$97.00	\$32.47		+ ·	l			1	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	-		-	\$12.00	\$32.4 <i>1</i>	<del></del>	1		<u> </u>		<del>                                     </del>	31	•
	mount reality mountaince company	InStil InChoice Option I - Regional	1	1	<del>- : -</del>			\$47.00	\$35.28		1	l			1	96	•
	+	InStil InChoice Option II - Regional	1	1	-		-	\$60.00	\$35.26 -	<del></del>	1		<u> </u>		<del>                                     </del>	90	•
	+	InStil InCroice Option II - Regional	1	1	<del></del>		-	\$65.00	<del>                                     </del>	1	1		1		<del>                                     </del>	1	
		InStil InChoice Option II - Regional	<del>                                     </del>	<del>                                     </del>		<u> </u>		\$102.00	\$41.87		<b>-</b>	l	<del></del>	•	<del>                                     </del>	96	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								' '	Cost	'				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
Caumtu	Outputing Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan			7010	Dadward	Standard	Includes Tiered Copayments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County LEXINGTON	Organization Name BlueChoice HealthPlan	Platinum Advantage - Plan C	HMO	•	PPU	Service	Plan	Plan	Premium) \$51.00	<b>Premium*</b> \$36.19	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary 95	Offered •
LEXINGTON	BlueChoice Healthrian	Platinum Advantage - Plan B	1	-			+		\$66.00	\$36.19	•	1		-:-	1		95	•
	+	Platinum Advantage - Plan A	1	-			+		\$86.00	\$36.19	•	1		•	1		95	
	BlueCross BlueShield of South	I latilitatii Advantage - I lati A	+	<del>L -</del>			+		Ψ00.00	ψ30.13	<del>                                     </del>			•	<u> </u>		93	
	Carolina	Medicare Blue							\$19.00	\$19.00							90	. '
	Caronna	Medicare Blue Private							\$30.00	-							30	
		Medicare Blue Plus							\$43.00	\$39.48							95	
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	•			1	1		\$29.00	\$28.92	1		•	•	1		79	•
		Carolina Medicare Prime 10	•	<b>†</b>		<b>†</b>		l -	\$88.00	\$28.92	1	<b>†</b>	•	•	1		79	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	1						\$13.21	\$13.21				•	1		97	•
		HumanaChoicePPO PPO R5826-017	1				1		\$50.00	-	1						0.	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	i e	•					97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare	1				1		\$10.00	-	1							
	,	InStil InChoice Option I - Regional			•				\$12.00	-	i e							
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-	i e							
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Sterling Option I	Sterling Option I				•			\$9.00	-	i e							
MARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-	Ì							
	, , , , , , , , , , , , , , , , , , , ,	Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
	·	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00	-	1							
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Sterling Option I	Sterling Option I				•			\$9.00	-	1							
MARLBORO	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-	Ī							
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InCare				•			\$65.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	BlueCross BlueShield of South																	1
MCCORMICK	Carolina	Medicare Blue Private				•			\$0.00						<u> </u>			
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
·		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•			96	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NEWBERRY	BlueChoice HealthPlan	Platinum Advantage - Plan C		•					\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•					\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•					\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private				•			\$0.00	-								
		Medicare Blue							\$0.00	\$0.00							90	•
		Medicare Blue Plus							\$21.00	\$21.00							95	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008			1	•			\$13.21	\$13.21	•			•			97	•
	Transmission of the state of th	HumanaChoicePPO PPO R5826-017	1						\$50.00	-		1						
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
	,	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	BlueCross BlueShield of South																	
OCONEE	Carolina	Medicare Blue Private				•			\$0.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	<u> </u>	ļ	•	ļ			\$12.00	-	<b> </b>	ļ		ļ	<b> </b>	<b> </b>		
		InStil InCare	-		1	•			\$30.00	-	<b> </b>	ļ	ļ	<u> </u>		<b> </b>	00	
	+	InStil InChoice Option I - Regional	1	1	<b>:</b>	<b> </b>	-		\$47.00 \$60.00	\$35.28	•	<b> </b>		•	<del>                                     </del>	<del>                                     </del>	96	•
	+	InStil InChoice Option II - Regional InStil InChoice Option II - Regional	-	1	<u> </u>	-	-		\$102.00	- \$41.87		<del>                                     </del>	<del>                                     </del>				96	•
	Sterling Option I	Sterling Option I	-	<del>                                     </del>	<u> </u>	•			\$102.00	_	-	<b> </b>	1	<u> </u>	-	-	90	•
	BlueCross BlueShield of South	Sterning Option i	-	<del>                                     </del>	<del>                                     </del>	<u> </u>			φ9.00	-	-	<b> </b>	1	1	-	-	-	-
ORANGEBURG	Carolina	Medicare Blue Private							\$30.00	_								
CIVAINGEBORG	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	1	1	1	-	-		\$13.21	\$13.21		1	1		<del>                                     </del>	<del>                                     </del>	97	•
	Transana insurance Company	HumanaChoicePPO PPO R5826-017	1	1		⊢ <b>•</b>	-		\$50.00		<del></del>	1	1	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	31	<b>-</b>
<del></del>	+	HumanaChoicePPO PPO R5826-031	<del>                                     </del>	1	<u> </u>	<b> </b>			\$86.00	\$21.32	<del>                                     </del>	•	<del> </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	97	
<del></del>	+	HumanaChoicePPO PPO R5826-004	<del>                                     </del>	1	-	<b> </b>			\$97.00	\$32.47	•	⊢ •	<del> </del>		<del>                                     </del>	<del>                                     </del>	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	· :				\$12.00	ψ32.47	1	1	<del>                                     </del>	<u> </u>	1	1	- 5,	
		InStil InChoice Option I - Regional	1	1	•				\$47.00	\$35.28	•	1	1		1	1	96	•
		InStil InChoice Option II - Regional	1	1	•				\$60.00	-	1	1	1	1	1	1	T	<b> </b>
		InStil InCare			t e	•			\$65.00	-				1				
		InStil InChoice Option II - Regional	1	1	•				\$102.00	\$41.87	•	1	<b> </b>		•	<b>†</b>	96	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduci	iible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PICKENS	BlueChoice HealthPlan	Platinum Advantage - Plan C		•				ш	\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•					\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•					\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South							1 1										
	Carolina	Medicare Blue Private				•			\$0.00	-								
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	•						\$29.00	\$28.92			•	•			79	•
		Carolina Medicare Prime 10	•						\$88.00	\$28.92			•	•			79	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$30.95	-								
		Today's Options Premier			1	•			\$42.95	-		1						
RICHLAND	BlueChoice HealthPlan	Platinum Advantage - Plan C		•					\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•					\$66.00	\$36.19	•	1		•			95	•
		Platinum Advantage - Plan A		•	1				\$86.00	\$36.19	•	1		•			95	•
	BlueCross BlueShield of South	· ·										1						
ĺ	Carolina	Medicare Blue		•				1 1	\$19.00	\$19.00			•				90	•
		Medicare Blue Private				•			\$30.00	-								
		Medicare Blue Plus		•					\$43.00	\$39.48			•				95	•
	CAROLINA MEDICARE PRIME	Carolina Medicare Prime 15	•						\$29.00	\$28.92			•	•			79	•
		Carolina Medicare Prime 10	•						\$88.00	\$28.92			•	•			79	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
ĺ		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•		ĺ	•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			1	•		$\Box$	\$85.00	-			İ				İ	
	Sterling Option I	Sterling Option I				•			\$9.00	-								

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
Country	Constitution Name	Dian Name	нмо	Local PPO	Regional PPO				Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug	7010	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County SALUDA	Organization Name BlueChoice HealthPlan	Plan Name Platinum Advantage - Plan C	ПИО	•	PPU	Service	Pian	Pian	\$51.00	<b>Premium*</b> \$36.19	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary 95	Offered •
SALODA	DideChoice Health lan	Platinum Advantage - Plan B		•					\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•					\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South																	
	Carolina	Medicare Blue Private				•			\$0.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13.21	\$13.21	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare InStil InChoice Option I - Regional	1	1		•			\$10.00 \$12.00	-		1		1		<b> </b>	-	
<b>———</b>	+	InStil InChoice Option I - Regional InStil InChoice Option I - Regional	<del>                                     </del>	-	•	-	<del>                                     </del>		\$12.00 \$47.00	\$35.28		1				-	96	•
		InStil InChoice Option II - Regional			•				\$60.00	\$33.20	•			•			90	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-							- 00	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Today's Option	Today's Options Basic				•			\$30.95	-								
		Today's Options Premier				•			\$42.95	-								
SPARTANBURG	BlueChoice HealthPlan	Platinum Advantage - Plan C		•					\$51.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan B		•					\$66.00	\$36.19	•			•			95	•
		Platinum Advantage - Plan A		•					\$86.00	\$36.19	•			•			95	•
	BlueCross BlueShield of South Carolina	Medicare Blue Private							\$0.00	-								
		Medicare Blue							\$0.00	\$0.00			•				90	•
	Humana Insurance Company	Medicare Blue Plus Humana Gold Choice PFFS H1804-008							\$21.00 \$13.21	\$21.00 \$13.21	•		•				95 97	•
	Humana insurance Company	HumanaChoicePPO PPO R5826-017			<b>-</b>	•			\$50.00	\$13.21	•			•			91	•
		HumanaChoicePPO PPO R5826-031		_	-				\$86.00	\$21.32							97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•						97	•
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
	<u> </u>	InStil InChoice Option II - Regional	<u> </u>	1	•	ļ			\$102.00	\$41.87	•	ļ		•	•		96	•
<u></u>	SecureHorizons Direct	SecureHorizons Direct Plan 2	<u> </u>	1	1	•			\$0.00	-		1						
	Starling Option I	SecureHorizons Direct Premier Plan 200	1	1	<b> </b>	•	-	-	\$85.00	-		<b> </b>	1	<del>                                     </del>	-	<b> </b>	-	
	Sterling Option I Today's Option	Sterling Option I	1	1		•			\$9.00 \$30.95	-				<del>                                     </del>				
-	Today's Option	Today's Options Basic Today's Options Premier	1	+	<b> </b>	<u> </u>		-	\$30.95 \$42.95	-		<b> </b>		-		<del>                                     </del>		
	BlueCross BlueShield of South	Today 3 Options Fiernier	1	1	<del>                                     </del>	<u> </u>			Φ4∠.90	<del>-</del>		<del>                                     </del>		1				
SUMTER	Carolina	Medicare Blue Private			1				\$30.00	-		1	1	I				
	Humana Insurance Company	Humana Gold Choice PFFS H1804-008	ì	1	1	•			\$13.21	\$13.21	•	1					97	•
		HumanaChoicePPO PPO R5826-017	1		•				\$50.00	-		1		1				
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional		1	•	<u> </u>			\$47.00	\$35.28	•	<u> </u>		•			96	•
		InStil InChoice Option II - Regional		<u> </u>	•				\$60.00	-		ļ		1				
	+	InStil InCare	<u> </u>	1	<u> </u>	•			\$65.00	-		<u> </u>						
		InStil InChoice Option II - Regional		1	•	<u> </u>			\$102.00	\$41.87	•	l		•	•	1	96	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	Description										Cost					Coverage			
County	Organization Name	Plan Name	Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap				
			нмо		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered	
UNION	BlueChoice HealthPlan	Platinum Advantage - Plan C		•					\$51.00	\$36.19	•			•			95	•	
		Platinum Advantage - Plan B		•					\$66.00	\$36.19	•			•			95	•	
		Platinum Advantage - Plan A		•					\$86.00	\$36.19	•			•			95	•	
	BlueCross BlueShield of South Carolina	Medicare Blue Private				•			\$0.00	-									
		Medicare Blue		•					\$0.00	\$0.00			•				90	•	
		Medicare Blue Plus		•					\$21.00	\$21.00			•	•			95	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-									
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•	
	InStil Health Insurance Company	InStil InCare				•			\$10.00	-									
		InStil InChoice Option I - Regional			•				\$12.00	-									
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•	
		InStil InChoice Option II - Regional			•				\$60.00	-									
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-									
	Sterling Option I	Sterling Option I				•			\$9.00	-									
WILLIAMSBURG	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-									
		Humana Gold Choice PFFS H1804-018				•			\$84.00	\$26.38	•			•			97	•	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•	
	In Oall I I and the Incomment of Comment	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•	
	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional			•				\$12.00 \$47.00	- \$35.28							96		
		InStil InChoice Option II - Regional			<del>- : -</del>				\$60.00	\$35.26 -	•	-		•		-	96	•	
		InStil InCroice Option II - Regional			•	•			\$65.00	-									
		InStil InChoice Option II - Regional	-						\$102.00	\$41.87	•	1			•		96		
	Sterling Option I	Sterling Option I				•			\$9.00	φ+1.07 -				1			50		
YORK	Humana Insurance Company	Humana Gold Choice PFFS H1804-008				•			\$13,21	\$13.21	•			•			97	•	
		HumanaChoicePPO PPO R5826-017							\$50.00	-							0.	-	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32				i e			97	•	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	t e		•			97	•	
	InStil Health Insurance Company	InStil InCare		1		•			\$10.00	-		<u> </u>		i e					
	1	InStil InChoice Option I - Regional			•				\$12.00	-				1					
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•	
		InStil InChoice Option II - Regional			•				\$60.00	-									
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-						1			